

**PIETRAGALLO, BOSICK & GORDON**

Attorneys at Law  
301 Grant Street  
One Oxford Centre, 38<sup>th</sup> Floor  
Pittsburgh, PA 15219-6404  
USA

Telephone Number: (412) 263-2000  
Direct Fax: (412) 261-0915  
Alternate Fax: (412) 261-5295

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**DATE:** May 25, 2004

**RECIPIENT:** Commissioner For Patents

**COMPANY:** U. S. Patent and Trademark Office

**RECIPIENT'S FAX NO.:** 703 - 872-9314

**FROM:** Lara A. Northrop LAN

**FILE NUMBER:** MICW 48751

**NUMBER OF PAGES**  
(including cover page): 3

**MESSAGE:** Request For Status  
U.S. Patent Application No. 09/809,468

**SENT BY:** hh **TELEPHONE NUMBER:** 412 - 263-4362

**CONFIRMATION COPY:**

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/809,488
	Filing Date	03/15/2001
	First Named Inventor	Michael Wholey
	Art Unit	3765
	Examiner Name	N/A
Total Number of Pages In This Submission	Attorney Docket Number	180431-00015 (MICW 48751)


ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lara A. Northrop Pietragallo, Bosick & Gordon
Signature	
Date	05/25/2004

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Typed or printed name	Lara A. Northrop	
Signature		Date 05/25/2004

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MAY 25 2004

Appl. No. : 09/809,468  
Applicant : Michael Wholey et al.  
Filed : 03/15/2001  
Title : METHOD AND APPARATUS FOR MEDICAL DEVICE FOR  
ASPIRATION OF THROMBOEMBOLIC DEBRIS

TC/A.U. : 3765  
Examiner : N/A

Docket No. : 180431-00015 (MICW 48751)

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REQUEST FOR STATUS

May 25, 2004

Facsimile No. 703 - 872-9314  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The captioned patent application was filed on March 15, 2001. Since then, Applicants have not received an action on the merits of the application. A Status Letter Reply to a previous Request For Status indicated an action by the Examiner could be expected by May 20, 2004. Since no action has been received, Applicants respectfully request a communication from the Patent and Trademark Office concerning the status of the application.

Respectfully submitted,



Lara A. Northrop  
Registration No. 55,502  
Pietragallo, Bosick & Gordon  
One Oxford Centre, 38th Floor  
301 Grant Street  
Pittsburgh, PA 15219  
Attorney for Applicants

(412) 263-4362

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